

COVER PAGE

Filed Date: 12/05/2017 10:17 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Johnson Eric W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Lincoln
Division, Board, Department, District, if applicable Your Position
Planning Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Lincoln ☐ Other _____

3. Type of Statement (Check at least one box)

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
☒ **Assuming Office:** Date assumed 11 / 13 / 2017
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached ☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
600 Sixth Street Lincoln CA 95648
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 434-2490

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12/05/2017 10:17 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Eric Johnson |

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|--|--|
| NAME OF SOURCE OF INCOME <u>Sutter Health</u> | NAME OF SOURCE OF INCOME <u>Rx HealthCare Services</u> |
| ADDRESS (Business Address Acceptable) <u>2750 Gateway Oaks Dr. Ste 100, Sacramento, CA</u> | ADDRESS (Business Address Acceptable) <u>4640 Marconi Ave, Sacramento, CA</u> |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Healthcare</u> | BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Healthcare</u> |
| YOUR BUSINESS POSITION <u>Senior Financial Analyst</u> | YOUR BUSINESS POSITION <u>Chief Financial Officer</u> |
| GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe) |

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

| | | |
|---|---|---------------------|
| NAME OF LENDER* | INTEREST RATE | TERM (Months/Years) |
| _____ | _____ % <input type="checkbox"/> None | _____ |
| ADDRESS (Business Address Acceptable) | | |
| _____ | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | |
| _____ | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> Real Property _____ | Street address |
| <input type="checkbox"/> \$500 - \$1,000 | | _____ |
| <input type="checkbox"/> \$1,001 - \$10,000 | | City |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> OVER \$100,000 | <input type="checkbox"/> Other _____ | (Describe) |

Comments: 11/17/2017 last day employment at Sutter, 11/27/2017 first day employment at Rx HealthCare